1	10A NCAC 14C	.4002 is proposed as a temporary rule as follows:
2		
3	10A NCAC 14C	2.4002 INFORMATION REQUIRED OF APPLICANT
4	(a) An applican	t proposing to develop hospice inpatient facility beds or hospice residential care facility beds shall
5	complete the app	lication form for Hospice Inpatient and Hospice Residential Care Services.
6	(b) An applicant	proposing to develop hospice inpatient facility beds or hospice residential care facility beds shall
7	provide the follo	wing information:
8	(1)	the projected annual number of hospice patients, admissions, deaths, and other discharges, by for
9		each level of care (i.e., respite care, hospice residential care and hospice inpatient care), to be
10		served in the facility by quarter for in each of the first 24 months three years following completion
11		of the project and the methodology and assumptions used to make the projections;
12	(2)	the projected annual number of hospice patients, admissions, deaths, and other discharges for
13		each level of care to be served by the applicant's licensed hospice agency in each of the first three
14		years following completion of the project and the methodology and assumptions used to make the
15		projections;
16	(2) <u>(3)</u>	the projected annual number of patient care days, by for each level of care (i.e., respite care
17		hospice residential care and hospice inpatient care), by quarter, to be provided in each of the firs
18		two three years of operation following completion of the project and the methodology and
19		assumptions used to make the projections shall be stated; projections;
20	<u>(4)</u>	the projected average length of stay (ALOS) based on facility admissions, for each level of care
21		(i.e., respite care, hospice residential care and hospice inpatient care) and the methodology and
22		assumptions used to make the projections;
23	<u>(5)</u>	the projected readmission rate, for each level of care, (i.e., respite care, hospice residential care
24		and hospice inpatient care) and the methodology and assumptions used to make the projections;
25	(3) (6)	the projected average annual cost per patient care day, by level of care (i.e., respite care, hospical
26		residential care and hospice inpatient care) for each of the first two three operating years following
27		completion of the project and the methodology and assumptions used to project the average annua
28		cost; and
29	(4) <u>(7)</u>	documentation of attempts made to establish working relationships with sources of referrals to the
30		hospice facility including copies of proposed agreements for the provision of inpatient care and
31		residential care;
32	<u>(8)</u>	documentation of the projected number of referrals to be made by each referral source;
33	(c) An applicant	proposing to develop hospice inpatient or hospice residential care facility beds shall also provide
34	the following inf	Tormation :
35	(1) <u>(9)</u>	copies of the proposed contractual agreements, if the applicant is not a licensed hospice, with a
36		licensed hospice or a licensed home care agency with a hospice designation on its license, for the
37		provision of hospice services;

1	$\frac{(2)}{(10)}$	documentation of the projected <u>number of patients to be referred for each</u> payor mix <u>type</u> from the
2		referring hospices, if the applicant is not a licensed hospice or if the applicant proposes to admit
3		patients on a contractual basis; and
4	(3) <u>(11)</u>	a copy of the admission policies, including the criteria that shall be used to select persons for
5		admission; and admission to the hospice inpatient and residential care beds.
6	(4)	documentation that a home like setting shall be provided in the facility.
7		
8	History Note:	Authority G.S. 131E-177(1); 131E-183;
9		Temporary Adoption Eff. February 1, 2006;
10		Eff. November 1, 2006.